



# Iowa National Archery in the Schools Program (NASP) 2013 Invitational League and State Championships Team REGISTRATION



The Iowa National Archery in the Schools Program invitational league will run from December 17, 2011 through February 18, 2013 with invitational shoot locations around the state. The 2013 state championship event will be conducted on March 2nd in Des Moines. This form is required for schools participating in the 2013 league or state championship events. **The form is not required for schools running the NASP as part of the school curriculum only.** This form must be completed and returned no later than two weeks prior to the team's first invitational event or February 1, whichever date occurs first.

**Team Name** \_\_\_\_\_

**HEAD COACH'S INFORMATION** – Note: All head coaches must be NASP BAI certified. All coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.

Full First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

Birth date (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ School Coaching \_\_\_\_\_

Shirt Size (S, M, L, XL, 2x, 3x) \_\_\_\_\_ Gender: ☐ Male / ☐ Female Drivers License # \_\_\_\_\_

**\*Email will be our primary form of contact.** The Head Coach's email address specified here will be our primary contact location. If any of your contact information does change, please notify the Iowa DNR with the update(s) as soon as possible. **Head Coaches contact info will be posted on [www.iowadnr.gov](http://www.iowadnr.gov)** so prospective coaches looking for a nearby program to participate in an invitational league event may be contacted. Contact info will consist of your name, home or cell phone information, email address, city and state. The following check boxes give you the option to opt out of one or more of these contact fields.

☐ Do not post home phone number

☐ Do not post email address

☐ Do not post cell phone number

☐ Do not post any of my information

## **Home Practice Facility Name and Address**

Name: \_\_\_\_\_

Facility's Physical Address (no PO Boxes): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

## **School Faculty Sponsor (required if head coach is not a school staff member)**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Return to Iowa DNR Shooting Sports – Attn: Rachel Ladd, 502 E 9<sup>th</sup> St, Des Moines, IA 50319